

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3888AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOYFUL SENIOR CARE HAVEN 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4353 JODI AVE LAS VEGAS, NV 89120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as the result of a focused survey investigation conducted at your facility on 11/4/08.  The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.  The facility was licensed for 10 residential facility beds, Category 2 which provides care to persons with Alzheimer's disease.  The census at the time of the survey was 10. Ten resident files were reviewed and 5 employee files were reviewed.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p>	Y 103			

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Y 103	<p>Continued From page 2</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when</p>	Y 103			

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Y 103	Continued From page 3  any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.  Based on record review and interview, the facility failed to comply with chapter 441A of NAC for 1 of 4 employees (#4).  Finding include:  Employee #4 was hired on 2/25/06. Record review of Employee #4's file revealed, the 2 step TB (Tuberculosis) screening was done on 2/15/06 and 2/25/06.  Employee #4's file lacked documented evidence of the 2 step TB screening results.  Employee #4's file lacked documented evidence of an annual TB screening performed in 2007 and 2008.  On 11/4/08 in the afternoon, interview with the Administrator revealed, the Administrator was not aware of the missing TB screening.  Severity: 2 Scope: 3	Y 103		
Y 179 SS=D	449.209(6) Health and Sanitation-Screens  NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.  This Regulation is not met as evidenced by:	Y 179		

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Y 179	Continued From page 4  Based on observation and interview, the facility failed to maintain screens on windows.  Findings include:  On 11/4/08 during facility tour, it was observed bedroom #1 did not have a screen to the window.  On 11/4/08 interview with the Administrator revealed, the Administrator was not aware of the missing screen to bedroom #1.  Severity: 2 Scope: 1	Y 179		
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to post a current menu.  Findings include:  On 11/4/08 during the facility tour, it was observed the facility menu posted in the kitchen was dated August 2008. The posted menu indicated, "WEEK ONE, WEEK TWO, WEEK THREE, and WEEK FOUR". There were no specific dates listed on the menu.  On 11/4/08 in the afternoon, interview with the Administrator revealed, the facility would need to update the menu.	Y 272		

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Y 272	Continued From page 5  Severity: 1 Scope: 3	Y 272		
Y 532 SS=C	449.260(1)(g)(1) Activities for Residents  NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance.  This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain and post a current activity calendar.  Findings include:  On 11/4/08 during the facility tour, it was observed the posted activity calendar was for August 2008.  On 11/4/08, interview with the Administrator revealed, the residents enjoy watching television and socializing with each other.  The Administrator further revealed, the activity calendar needed to be updated.  Severity: 1 Scope: 3	Y 532		
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 936		

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Y 936	<p>Continued From page 6</p> <p>least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the</p>	Y 936		

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Y 936	Continued From page 7  facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of	Y 936		

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Y 936	Continued From page 8  subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.  5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.  6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph	Y 936		

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Y 936	<p>Continued From page 9</p> <p>(g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review and interview, the facility failed to ensure 3 of 10 files contained evidence of compliance with the provisions of chapter 441A of NRS (#3, #9).</p> <p>Findings include:</p> <p>The file for Resident #3 (admitted 3/29/07) lacked documented evidence of an annual TB screening test for 2008. The 2 step TB screening was performed on 3/28/07 and 4/9/07.</p> <p>The file for Resident #9 (admitted 7/24/08) lacked documented evidence of a complete 2 step TB screening. The first step was performed on 8/22/08. The was no second step recorded in the file.</p> <p>On 11/4/08 in the afternoon, interview with the Administrator revealed, the Administrator was not aware the required TB screening were lacking.</p> <p>Severity: 2 Scope: 3</p> <p>Repeat Deficiency from Survey 12/2007</p>	Y 936		

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Y 938  Y 938 SS=D	Continued From page 10  449.2749(1)(g)(1) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to conduct an ADL (Activities of Daily Living) to 1 of 10 residents upon admission (#2).  Findings include:  On 11/4/08 in the afternoon, record review of Resident #2's file revealed, Resident #2 was admitted to the facility on 5/24/08.  The file for Resident #2 lacked documented evidence of an ADL assessment upon admission.	Y 938  Y 938			

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Y 938	Continued From page 11  On 11/4/08 in the afternoon, interview with the Administrator revealed, the Administrator was not aware an ADL assessment was not performed on the resident.  Severity: 2 Scope: 1	Y 938			
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe environment for the residents.  Findings include:  On 11/4/08 during the facility tour, it was observed the knives in the kitchen were not securely kept. The knives were found in a kitchen drawer in which the drawer was unlocked. The key to the drawer was found inside the drawer.  On 11/4/08 interview with the Administrator revealed, the drawer should have been locked.  Severity: 2 Scope: 3	Y 994			

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NAME OF PROVIDER OR SUPPLIER  <b>JOYFUL SENIOR CARE HAVEN 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4353 JODI AVE LAS VEGAS, NV 89120</b>		
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Y 999 SS=F	<p>449.2754(1)(g) Alzheimer's Facility</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure all toxic substances are not accessible to the residents.</p> <p>Findings include:</p> <p>On 11/4/08 during the facility tour, the following was observed:</p> <p>Patio: Odoban air refreshener, grill and over cleaner, Gunk motor flush, carpet stain lifter, WD40 Spray Living Room: Old spice shaving cream, bag balm for feet</p> <p>On 11/4/08, interview with the Administrator revealed, the solutions and cleansers listed above needed to be securely locked.</p> <p>Severity: 2 Scope: 3</p>	Y 999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.